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Bib Data Sheet

CONFIRMATION NO. 6522

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|---|---|---------------------------|---|----------------------------------|----------------------------|
| SERIAL NUMBER 09/698,437 | FILING DATE 10/27/2000 RULE | CLASS 704 | GROUP ART UNIT 2654 | ATTORNEY DOCKET NO. 7-16-1 | |
| APPLICANTS Vivek K. Goyal, Hoboken, NJ; Jelena Kovacevic, New York, NY; Francois Masson, Monthey, SWITZERLAND; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/03/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY NJ | SHEETS DRAWING 4 | TOTAL CLAIMS 22 | INDEPENDENT CLAIMS 2 |
| ADDRESS Joseph B. Ryan Ryan, Mason & Lewis, LLP 90 Forest Avenue Locust Valley, NY 11560 | | | | | |
| TITLE Methods and apparatus for wireless transmission using multiple description coding | | | | | |
| FILING FEE RECEIVED 876 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) | | |



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| SERIAL NUMBER 09/698,437 | FILING DATE 10/27/2000 RULE | CLASS 485 704 | GROUP ART UNIT 2681 | ATTORNEY DOCKET NO. 7-16-1 | |
| APPLICANTS Vivek K. Goyal, Hoboken, NJ; Jelena Kovacevic, New York, NY; Francois Masson, Monthey, SWITZERLAND; | | | | | |
| ** CONTINUING DATA ***** CPH 1/18/02 | | | | | |
| ** FOREIGN APPLICATIONS ***** CPH 4/18/02 | | | | | |
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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY NJ | SHEETS DRAWING 4 | TOTAL CLAIMS 22 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | | | | | |
| Verified and Acknowledged | | Examiner's Signature <i>D. Paul Harper</i> CPH | | Initials | |
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